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## TRANSMITTAL FORM

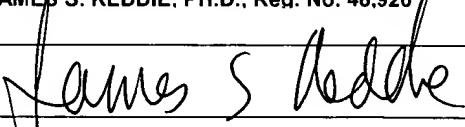
(to be used for all correspondence after initial filing)

		Application Number	09/425,075
		Filing Date	October 21, 1999
		First Named Inventor	CHOUARDY, PRABHAKARA V.
		Group Art Unit	1642
		Examiner Name	HELMS, LARRY RONALD
Total Number of Pages in This Submission	15	Attorney Docket Number	UCAL-269

### ENCLOSURES (check all that apply)

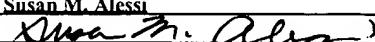
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1. Exhibits (7 documents) 2. Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____  Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

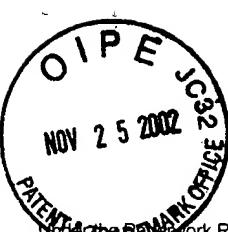
Firm or Individual Name	JAMES S. KEDDIE, PH.D., Reg. No. 48,920	
Signature		
Date	November 18, 2002	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 18, 2002.

Typed or printed name	Susan M. Alessi	Date	November 18, 2002
Signature			

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ 55.00)

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:  
Deposit Account Number 50-0815  
Deposit Account Name Bozicevic, Field & Francis LLP  
 Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17  
 Applicant Claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

## FEE CALCULATION

2. **BASIC FILING FEE**

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
<b>SUBTOTAL (1)</b>				

1. **EXTRA CLAIM FEES**

Total Claims	15 -20**	=	Fee from below	Fee Paid
Indep. Claims	3-3**	=	x	=
Multiple Dependent		=		

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203	9
			Claims in excess of 20
102	84	202	42
			Independent claims in excess of 3
104	280	204	140
			Multiple dependent claim, if not paid
109	84	209	42
			** Reissue independent claims over original patent
110	18	210	9
			** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) \$</b>			

\*\*or number previously paid, if greater; For Reissues, see above.

Complete if Known			
Application Number	09/425,075		
Filing Date	October 21, 1999		
First Named Inventor	CHOURI, PRABHAKARA V.		
Examiner Name	HELM, LARRY RONALD		
Group Art Unit	1642		
Attorney Docket No.	UCAL-269		

FEE CALCULATION (continued)

3. **ADDITIONAL FEES**

Fee Code (\$)	Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath	
127	50	227	25 Surcharge – late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	55.00
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive – unavoidable	
141	1,280	241	640 Petition to revive – unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	
Other fee (specify) _____				

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 55.00)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	James S. Keddie, Ph.D.	Registration No. (Attorney/Agent)	48,920	Telephone (650) 327-3400
Signature	<i>James S. Keddie</i>		Date	11/18/2002

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